CITY OF ELGIN

25365

Card Service Center
PO Box 569100
Dallas, TX 75356-9100

City Of Elgin

Warrant:	025365	Amount:	1,798.04
Date:	02/17/2016	Account:	
For:	Inv 20160217-05 Statement 1/4/16 - 2/3/16 $1798.04		

Invoices:

20160217-05	Inv 20160217-05 Statement 1/4/16 - 2	1,798.04

QUILL.COM

CARD SERVICE CENTER

BROCK ECKSTEIN
Account Number: XXXX XXXX XXXX 0185

Billing Questions: 800-367-7576

Website: www.cardaccount.net

Send Billing Inquiries To: Card Service Center, PO Box 569120, Dallas, TX 75356

COMMUNITY BANK Credit Card Account Statement
January 4, 2016 to February 3, 2016

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	$1,607.50
- Payments	$1,607.50
- Other Credits	$0.00
+ Purchases	$1,798.04
+ Cash Advances	$0.00
+ Fees Charged	**$0.00**
+ Interest Charged	**$0.00**
= New Balance	$1,798.04
Account Number	XXXX XXXX XXXX 0185
Credit Limit	$10,000.00
Available Credit	$8,168.00
Statement Closing Date	February 3, 2016
Days in Billing Cycle	31

PAYMENT INFORMATION

New Balance:	$1,798.04
Minimum Payment Due:	$53.95
Payment Due Date:	**February 28, 2016**

RECEIVED
FEB 11 2016
BY:

Inv 20160217-05

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
01/23	01/23	8559061D9EHM6BZ3Z	PAYMENT - THANK YOU	$1,607.50-
01/07	01/08	5541734QP7J6X362X	OR DEPT OF AGRICULTURE 503-9864603 OR T Cook 543-30-49-02	$50.00
01/13	01/14	7541823QX0LNZQH3J	FREDPRYOR CAREERTRACK 800-5563012 KS 514-40-49-00	$149.00
01/15	01/18	8512504D1GV0B74BT	BLUE MOUNTAIN COLLEGE 541-278-5746 OR Tom A 526-40-00-00	$140.00
01/15	01/18	8512504D1GV0B74QB	BLUE MOUNTAIN COLLEGE 541-278-5746 OR Kevin S 526-40-00-00	$140.00
01/15	01/18	8535354D1LQ299GGH	DXE MEDICAL INC TEL8663494364 TN 526-40-00-00	$344.00
01/16	01/19	5554754D2GTT3KR45	WILDHORSE RESORT HOTEL PENDLETON OR TA,KS	$117.67
		CHECK-IN 01/15/16	FOLIO #579827 514-40-49-00	

Transactions continued on next page

Please see reverse side of page 1 for important information.

CREDITING OF PAYMENTS

All payments received by 5:00 PM during the Card Issuer's normal business day at the address indicated on the reverse side of this statement will be credited to your account as of the date of receipt of the payment. If payment is made at any location other than that address, credit of the payment may be delayed up to 5 days.

BILLING RIGHTS SUMMARY

What to do if You Think You Find a Mistake on Your Statement

If you think there is an error on your statement, write to us at BBCS, Attn: Dispute Department, 1550 North Brown Road, Suite 150, Lawrenceville, GA 30043 as soon as possible. In your letter, give us the following information: your name and account number; the dollar amount of the suspected error; and if you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While we do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights if You are Dissatisfied with Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, all of the following must be true:

- The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
- You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
- You must not yet have fully paid for the purchase. If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: BBCS, Attn: Dispute Department, 1550 North Brown Road, Suite 150, Lawrenceville, GA 30043.

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, If we think you owe an amount and you do not pay we may report you as delinquent.

EXPLANATION OF INTEREST CHARGES

The Interest Charge shown on the front is the sum of the Interest Charges computed by applying the Periodic Rate(s) to the Average Daily Balance and adding any applicable transaction charge authorized in the Cardholder Agreement. The method for computing the balance subject to Interest Charge is an average daily balance (including new purchases) method.

We figure the interest charge on your account by applying the periodic rate(s) to the "average daily balance" of your account (including in some instances current transactions). To get the "average daily balance", we take the beginning balance of your account each day, add any new cash advances and subtract any payments or credits and any unpaid interest charges. If you paid in full the Previous Balance shown on this statement by the payment due date shown on the previous statement, we subtract from each day's beginning balance the amount of such Previous Balance included in that beginning balance and also do not add in any new purchases. Otherwise the amount of the Previous Balance is not subtracted and we add in any new purchases. This gives us the daily balance. Then we add all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "average daily balance."

HOW TO AVOID INTEREST CHARGES: You have until the payment due date shown on your periodic statement to repay your balance before an interest charge on purchases will be imposed.

ANNUAL FEE DISCLOSURES

If an annual fee is shown on the front of the statement, see the front for information about the following matters: the annual percentage rate for purchases, certain information regarding any variable rate feature, the amount of the annual fee, any minimum interest charge, and any transaction charges for purchases. The method for computing the balance subject to interest charge on your account is an Average Daily Balance (including new purchases) method and is explained above.

If you terminate your account within 30 days from the Closing Date shown on the front of this statement, you will not owe the annual fee (and have the right to have it credited to your account) and may use your card(s) during that 30 day period without becoming obligated for the annual fee. To terminate your account you should give us written notice sent to the address for billing inquiries as shown on the front of this statement. All cards should be cut in half and returned with your termination notice.

CREDIT BALANCES

Any credit balance on your account (indicated by a "-" on the front of this statement) is money we owe you. You can make charges against this amount or request and receive a full refund of this amount by writing us at: Card Service Center, PO Box 569100, Dallas, TX 75356-9100. Any amount not charged against or refunded upon request that is over $1.00 (equal to or in excess of $1.00 if you live in MA or any amount in NY) will be refunded automatically within six months created (four billing cycles in MD).

(PLEASE SHOW YOUR CORRECT NAME AND ADDRESS)

TRANSACTIONS (continued)

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
01/20	01/21	5543286D4001VR7LR	* CHEVRON 0093879 ELGIN OR 514-10-43-00	$55.82
01/20	01/21	0543684D5BLJBT4NH	* WM SUPERCENTER #1889 ISLAND CITY OR 594-14-64-01	$462.01
01/21	01/22	2524770D60738HQHW	ULTIMATE OFFICE SOLUTI FREEHOLD NJ 514-10-31-00	$95.80
01/28	01/28	5543286DQ00MVKNWS	ACCO BRANDS DIRECT 800-365-9327 NY 526-10-31-00	$43.83
01/28	01/29	5542950DQJH8B8ZGN	INNOVATIVE PRODUCTS 8653229715 TN 526-20-48-01	$39.94
01/30	02/01	0541019DF745Y8D4F	* SAFEWAY STORE00018275 LA GRANDE OR 514-10-43-00	$19.98
01/30	02/01	5554186DF03RT7R1M	ADOBE *ACROPRO SUBS 800-833-6687 CA 594-14-64-00	$14.99
02/01	02/02	5548077DG60TKV1A9	CITY COUNTY INSURANCE 05037633825 OR 534-10-49-00	$125.00

INTEREST CHARGE CALCULATION

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.49% (v)	$0.00	31	$0.00
Cash Advances	14.49% (v)	$0.00	31	$0.00

(v) - variable

To avoid additional interest charges, pay your New Balance in full on or before the Payment Due Date.

Thank you for the opportunity to serve your credit card needs. Should your future plans include travel, please contact us at 1-800-367-7576.

Exciting news! Go online today and check out the all-new enhancements to the Card Service Center website. E-statements, additional payment options, links to Preferred Points website, and other helpful sites. Visit us today at www.cardaccount.net to enroll your credit card account(s) on the newly enhanced website.

Mastercard

FRED PRYOR SEMINARS CAREERTRACK.
divisions of PARK University Enterprises, Inc.

1/14/16

Dear LESSA,
Thank you for enrolling for PAYROLL LAW. We appreciate your business and are excited you have chosen us as your business skills training provider.

Thank you for your payment! The lower left corner of this invoice serves as your receipt. When you become a Training Rewards member, seminar enrollment is FREE. Your registration qualifies you to become a member for only $199! Call 1-800-780-8469 and use Offer Code #914481.

Please review the seminar and attendee information listed below and contact us toll-free at 800-556-3012 if you have any questions. If you are unable to attend, you may send a substitute from your organization or transfer your registration to another seminar.

Thank you again for choosing us as your training provider. Enjoy your seminar!

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1 Day Seminar

Program:
PY/PAYROLL LAW
Seminar Date: **Friday February 5, 2016**
Check-in: **BEGINS AT 8:30 AM**
Seminar Time: **9:00 AM 4:00 PM**
Seminar Location:

Red Lion
304 Se Nye Ave
Pendleton, OR 97801
541 276 6111

MS LESSA ADAMS
CITY OF ELGIN

514-40-49-00
L. Adams

ATTENDEE: MS LESSA ADAMS

THIS IS YOUR ORIGINAL INVOICE
(Forward to Your Accounts Payable Dept.)

Attendee Name: MS LESSA ADAMS
Customer #: 33188433 Order#: 20-025200982
Your PO#: Federal ID#: 43-1830400
Invoice Date: 01/14/2016 Invoice #: 19062078

Program: PY/PAYROLL LAW

Seminar Date: Friday February 5, 2016
Seminar Location: Red Lion
304 Se Nye Ave
Pendleton, OR 97801

Payment is due upon receipt of this invoice.

Tuition:	149.00	Amount Paid:	149.00
Tax:	.00	Total Amount Due:	.00

FRED PRYOR SEMINARS CAREERTRACK.
divisions of PARK University Enterprises, Inc.

01.07

REMITTANCE STUB
(Payment is due upon receipt of this invoice. Please return this remittance stub with your payment.)

Invoice #:	19062078	Tuition:	149.00
Customer #:	33188433	Tax:	.00
Event #:	178621	Amount Paid:	149.00
364057	02/05/2016	Total Amount Due:	.00

Method of Payment:
☐ Check # _____
☐ Visa ☐ MC
☐ AMEX ☐ Discover
Exp. Date _____
Card # _____
Cardholder Signature _____
☐ Tax Exempt #: _____
(Please attach a copy of your Tax Exempt Certificate for payment processing if applicable.)

Please submit payment to:
Fred Pryor Seminars
PO Box 219468
Kansas City, MO 64121-9468

DXE Medical, Inc.
Attn: Accounts Receivable
PO Box 8023
Dublin, OH 43016
PHONE: (866) 349-4363
FAX: (615) 786-0896
EMAIL: sales@dxemed.com

Sales Order Confirmation

Order #	9107092
Date	1/19/2016
Page	1 of 1
Entered By	DFAVOURS

Bill To: 540035

Elgin Ambulance Service
180 N 8th Ave
Elgin, OR 97827

Ship To: SHIP001

Kevin Silvernail
180 N 8th Ave
Elgin, OR 97827

Purchase Order No.	Customer ID	Salesperson ID	Whse	Shipping Method	Payment Terms	Req Ship Date	Ref #
130000232	540035	O ORDER	DXE	FEDEX	PAYPAL	01/19/2016	339311

Item Number	Description	Ordered	Shipped	B/O	U of M	Unit Price	Ext. Price
0488-0018	Lifepac CR Plus Training Sys Replacement Training Electrodes	1	0	1	EA	$34.00	$34.00
LPCR+T N	New - LIFEPAK CR Plus Training System	1	0	1	EA	$310.00	$310.00

526 40 0000

Training

Note: * Indicates taxable item

Subtotal	$344.00
Misc	$0.00
Tax	$0.00
Freight	$0.00
Total	$344.00

WILDHORSE
RESORT CASINO

Guest Name: Brock Eckstein
1395 Columbus St
Elgin, OR 97827 USA

Room #: 2042
Folio#: RWRC92EF9
Group #: 9752
Guests: 2
Clerk: M908

Arrive: 01/15/16 Time: 12:18 PM Depart: 01/16/16 Time: 06:26 AM Stat: HIST

Date	Description	Comment		Amount
01/15/16	ROOM CHARGE		04:44:02	$107.95
01/15/16	ROOM TAX	ROOM TAX	04:44:02	$9.72
01/16/16	PAY MASTERCARD	**********0185	06:26:55	$117.67-

AMOUNT DUE	$0.00

001

S14-40-49-00

SIGNATURE

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. If for any reason the credit card company does not make payment on this account, I will owe Wildhorse Resort & Casino such amount.

001
514-10-43-00

ELGIN SHOP N-GO
00093879
785 ALBANY STREET
ELGIN, OR
01/20/2016 187
02:56:02 PM

XXXXXXXXXXXX0185
MASTERCARD
INVOICE E/7966976
AUTH 020655

PUMP# 1
UNLEAD REG 28.062
PRICE/GAL $1.98

FUEL TOTAL $ 55.82

CREDIT $ 55.82

Learn how to
EARN REWARDS
with a Chevron
or Texaco
Credit Card
See application
for details

001
594-14-64-01

Walmart

Save money. Live better.

(541) 963 - 6783
MANAGER BRENT BANNAN
11619 ISLAND AVE
ISLAND CITY OR 97850

ST# 01889 OP# 006707 TE# 07 TR# 01272

STAND	695862500764	19.83	N
HDMI	003087834206	14.96	N
PRODUCT SERIAL # SC070XLYDGXH8			
APPLE TV	088846274915	199.00	N
PRODUCT SERIAL # SDY4P1XMVG9RN			
APPLE TV	088846215350	149.00	N
POWER ADPTR	088590962902	19.72	N
ETNG USB	088846232298	19.00	N
ETNG USB	088846232298	19.00	N
CHSL 8C A	007164138250	8.97	N
EL PAD	004517303334	12.53	N
	SUBTOTAL	462.01	
	TOTAL	462.01	
	MCARD TEND	462.01	

MasterCard **** **** **** 0185 T 1
APPROVAL # 020580
REF # 1042000314

AID A0000000041010
TC B83C5541C0F9CBDB
TERMINAL # 281717150
*Signature Verified

01/20/16 13:47:17

CHANGE DUE 0.00

ITEMS SOLD 9

TC# 9304 3163 3010 2814 0613 4

Oregon E-Cycles: Free Recycling
For Computers, Monitors, and TV's
www.oregonecycles.org 1-888-5-ECYCLE

Low Prices You Can Trust, Every Day.
01/20/16 13:47:17

CUSTOMER COPY

8648.96	8648.96	
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Aidata U.S.A. Co., Ltd.
22960 Venture Dr.
Novi, MI 48375
Tel # 248-380-0578
Fax # 248-380-0587

Packing List

Invoice Number	Date
78333	1/20/2016

Mastercard

Ship To:
CITY OF ELGIN 180 N 8TH AVE. ELGIN, OR 97827

P.O. #	Ship Via
PO56267	UPS Ground

Qty	Item #	Description	U/M
1	FDS022L	E-Z WALL MOUNT ORGANIZER W/10 POCKETS	ea

JMC

514-10-31-00

$ 95.80

Total Boxes Shipped: 1 **Box(s)**

Total Weight Shipped: **lb(s)**

Item	QTY	Price	Total
AT-A-GLANCE®2016 XL 2-Sided Erasable Wall Calendar (PM326_16) Edition: January 2016 Item #: PM3262816	1	$34.84 ~~$40.99~~	$34.84

Subtotal:	$34.84
Shipping & Handling:	$8.99
State Tax	*$0.00*
Total Tax:	~~$0.00~~
Total:	**$43.83**

$26 - 31 - 00

ACCO Brands Customer Service
customerservicedirect@acco.com
1-800-509-3297
Four Corporate Drive
Lake Zurich, IL 60047

Please Note:
Charges will be billed from "ACCO Brands Direct"

ACCO Brands Direct Four Corporate Dr, Lake Zurich, IL 60047

Elgin RFPD

From: elginambulance@cityofelginor.org
Sent: Thursday, January 28, 2016 10:57 AM
To: Elgin Rural Fire Department
Subject: Fwd: Your Order is Successfully Placed

526 10 31 00
Office Supplies

Sent from my iPad

Begin forwarded message:

From: customerservicedirect@acco.com
Date: January 26, 2016 at 11:09:07 AM PST
To: elginambulance@cityofelginor.org
Subject: Your Order is Successfully Placed

Order Confirmation

Hello Kevin,

We are currently processing your order and will notify you by e-mail as soon as it has shipped.

Please review your order information below and call our AT-A-GLANCE Customer Service Team immediately if any information appears incorrect.

Please note: This is an order acknowledgement and not a guarantee of product availability. Our goal is to fulfill your order in its entirety as soon as possible.

Your Order #:	o366327670
Order Date:	01/26/16
Shipping Method:	Value Shipping (Smart Post)
Customer Name (Bill To):	Kevin Silvernail
Shipping Address:	Kevin Silvernail 180 N 8th AVE PO Box 128 Elgin,OR, US 97827-0128

Elgin RFPD

From: elginambulance@cityofelginor.org
Sent: Tuesday, February 02, 2016 8:42 AM
To: Elgin Rural Fire Department
Subject: Fwd: Your Innovative Products, Inc Order Has Been Updated (#1353)

Sent from my iPad

Begin forwarded message:

From: "Innovative Products, Inc" <innovativeproductsus@gmail.com>
Date: January 29, 2016 at 12:20:44 PM PST
To: elginambulance@cityofelginor.org
Subject: Your Innovative Products, Inc Order Has Been Updated (#1353)
Reply-To: <innovativeproductsus@gmail.com>

Order Status Changed

Hi Kevin

An order you recently placed on our website has had its status changed.

The status of order #1353 is now **Shipped**

Order Details

Order Total:	$39.94 USD
Date Placed:	28th Jan 2016
Payment Method:	Credit Card

Shipment Tracking Numbers / Links

- 9405511699000029656052 (Carrier Varies by Destination)

Click here to view the status of your order

Innovative Products, Inc
http://stores.magneticmic.com/

Innovative Products, Inc

526 20 48 01
Vehicle Repair & Maintenance

SAFEWAY

STORE MGR GORDON ROYAL 541-663-2700
THANK YOU FOR SHOPPING WITH US!

GROCERY

1 ITY STARBUCKS COFFEE 19.
**** TA· .00 BAL 19.
* MJ ********** 0185 19.!

CHANGE .0
NUMBER OF ITEMS = 2
30 1A 16:23 1327 03 0156 4456

YOUR CASHIER TODAY WAS ALAN

AMANDA ECKSTEIN 9333

****

HOW WAS YOUR SHOPPING EXPERIENCE?
Go to www.safewaysurvey.net
ENTER TO WIN A $100 GIFT CARD

****

AS POINTS EARNED TODAY

ee Points

TAL

ints Towards Next Reward 51 of
S REWARDS AVAILABLE
Rewards Expiring 01 31/16 2

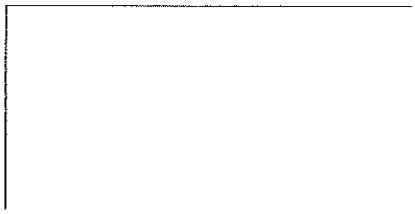
LET US HEAR FROM YOU!
877-723-3929 or visit SAFEWAY.COM

SAFEWAY STORE #1327
2111 ADAMS AVENUE
LaGRANDE, OR 97850
541-663-2700

EFT CREDIT SALE 01 30 16 16:23
CARD # **********0185
REF:160130 AUTH:00030063

PAYMENT AMOUNT 19.98

001
541-10-43-00



Order Confirmation

Thank you, your order has been placed successfully.

An email confirmation will be sent to you shortly. Print this page for your records.

To access your purchased products in the future or to check your order status, visit your Adobe account.

Order date: Jul 30, 2015
Order number: AD017451711
Status: Processed

Billing & Shipping

Billing information:

Brock Eckstein
City of Elgin
PO Box 128
180 N 8th Ave
Elgin, Oregon 97827-0128
United States
541-437-2253

Visa XXXXXXXXXXX0576
02/2016

Order Summary

Creative Cloud single-app membership for Acrobat Pro DC (one-year)
Quantity: 1

US$14.99
Renews monthly

Download

Subtotal	US$14.99
Shipping	US$0.00
Tax	US$0.00
Total	US$14.99

Visa monthly billing - signature for Attic

594-14-64-00

CIS Annual Conference

General Options

Name:
Dan Larman

Title:
Public Works Director

Address:
PO Box 128

Elgin, Oregon 97827-0128

USA

Number of People Registered:
1

Confirmation Number:
H7NPTZ5YC8X (needed to modify your registration)

Event Title:
CIS Annual Conference

Location:
Salem Convention Center

200 Commercial St SE

Salem, Oregon 97301

USA

Dan
CIS
conference
registration

401
534-10-49-00

Current Registration Details

Dan Larman

Agenda Items

Registration Item	Cost
Full Conference Registration + Law Enforcement Track	$125.00

Sessions

Date and Time	Session	Cost
02/25/2016 9:00 AM	Opening Welcome	Included
02/25/2016 9:15 AM	Keynote: A Thriving Culture Starts with Character	Included

Order Summaries

Order

Date	Type	Amt Ordered	Amt Paid	Amt Due
02/01/2016 10:16 AM PT	online order	$125.00	$125.00	$0.00
Total:		**$125.00**	**$125.00**	**$0.00**

Payment Details

If you are paying by check, please use your confirmation e-mail as your invoice.

Payments should be mailed to:
CIS Trust
P.O. Box 4288
Portland, OR 97208-4288

The check should list the **registrant and the confirmation number** found on your confirmation e-mail.

Oregon Department of Agriculture

Exit

Confirmation

Please keep a record of your Confirmation Number, or print this page for your records.

Confirmation Number **ODAODA000015066**

Payment Details

Description AGRICULTURE EPAY
License Renewal
http://mylicense.oda.state.or.us

Payment Amount $50.00

Payment Date 01/07/2016

Status PROCESSED

Receipt Number 24923

Payment Method

Payer Name Tyler Crook

Card Number *0185

Card Type Master Card

Approval Code 007860

Confirmation Email crooktylerd@gmail.com

Billing Address

Address 1 P.O. Box 128

City Elgin

State OR

Zip Code 97827

542-70-00-01